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### APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None S/AS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *S/AS*  
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### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>S/AS</i>	Initials	DRAWING 10	CLAIMS 8	CLAIMS 1

### ADDRESS

000181  
 MILES & STOCKBRIDGE PC  
 1751 PINNACLE DRIVE  
 SUITE 500  
 MCLEAN , VA  
 22102-3833

### TITLE

Zoom lens system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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